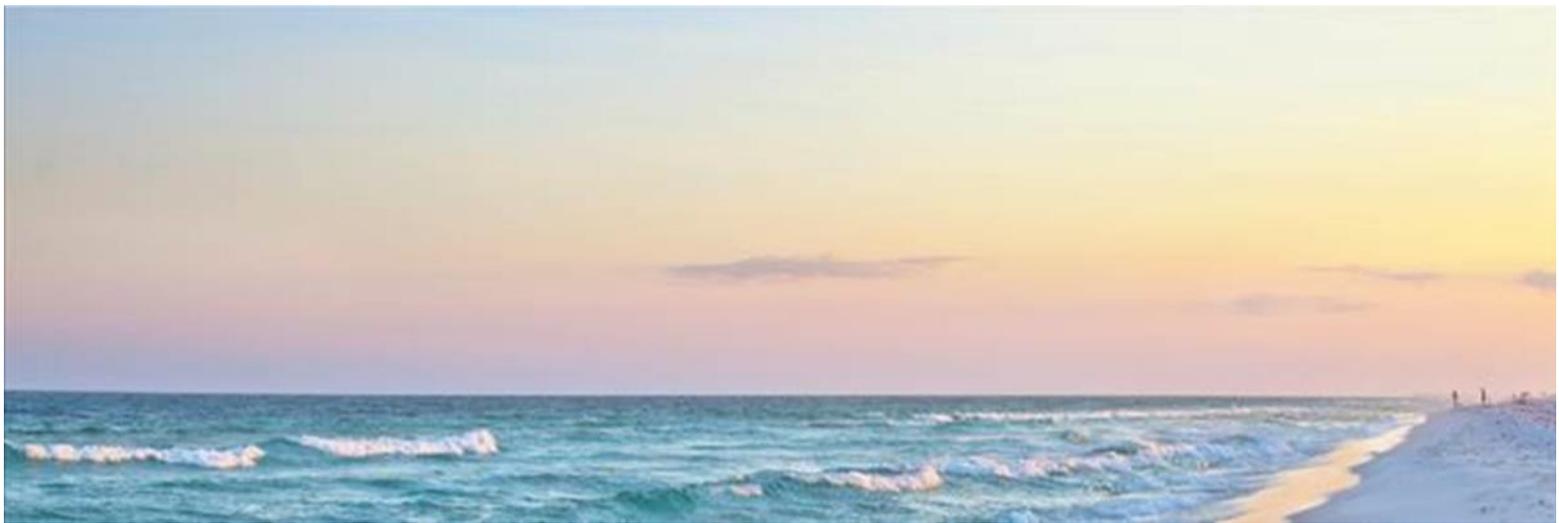




Florida Department of Health in Polk County

STRATEGIC PLAN

January 2023 – December 2027



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Mission, Vision, and Values

• OUR MISSION

Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

• OUR VISION

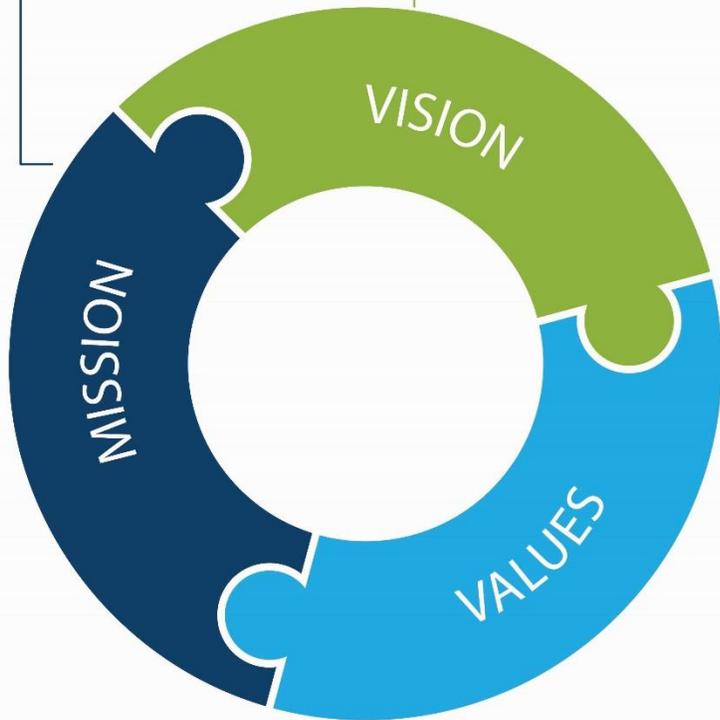
What do we want to achieve?

To be the Healthiest State in the Nation.

• OUR VALUES

What do we use to achieve our mission and vision?

- I** *nnovation*
We search for creative solutions and manage resources wisely.
- C** *ollaboration*
We use teamwork to achieve common goals and solve problems.
- A** *ccountability*
We perform with integrity and respect.
- R** *esponsiveness*
We achieve our mission by serving our customers and engaging our partners.
- E** *xcellence*
We promote quality outcomes through learning and continuous performance improvement.





Background and Overview

Demographics

According to the 2020 US Census, the Florida Department of Health in Polk County (FDOH-Polk) serves a population of 725,046.

Key characteristics that set Polk County apart include its:

- **Central Location:** in the heart of Florida, between two large metropolitan areas – Tampa and Orlando.
Source: US Census Bureau, 2020 Census Redistricting Data
- **Large Land Area:** ranked the 4th largest county in the state, measuring in between the size of the states of Rhode Island and Delaware.
Source: US Census Bureau, 2020 Census Redistricting Data
- **Large School District:** ranked the 7th largest district in the state and among the top 30 largest in the nation. Polk County Public Schools currently serves more than 110,000 students in over 150 schools. The Polk County School Board also serves as the 2nd largest employer in the county with more than 13,000 employees – only a few hundred employees less than the largest employer in the county, Publix Supermarkets.
Sources: Polk County Public Schools, Oct 2021; Central Florida Development Council, Oct 2021
- **Growing Population:** estimated to have grown by 6.2% between 2020-2022. In comparison, the entire population of Florida grew by only 3.4% and by 0.6% across the entire US during the same time period. Polk County also coexists as the Lakeland-Winter Haven Metropolitan Statistical Area (MSA), which is the 2nd fastest growing metro area in the US.
Sources: The Florida Legislature, Office of Economic & Demographic Research, Nov 2022; US Census Bureau, Population Estimates Program, 2022; Central Florida Development Council, 2023
- **Increasing Housing Costs:** while Polk continues to have lower than average housing costs for both homeowners and renters, the recent population growth has led to spikes in rent costs and property values.
Source: Central Florida Development Council, 2022

For demographic information, please see the data tables below. Additional county-specific data can be found within the latest edition of the [2020 Polk County Community Health Assessment](#) (CHA).

Age

Figure 1. Population by Age and Gender, 2020

Age Group	Polk County						Florida		
	Male	Female	Total	% Male by Age	% Female by Age	% Total by Age	% Male by Age	% Female by Age	% Total by Age
<5	20,831	19,720	40,551	6.0%	5.5%	5.7%	5.6%	5.1%	5.4%
5-14	45,057	42,892	87,949	13.0%	11.9%	12.4%	11.5%	10.6%	11.1%
15-24	43,490	42,484	85,974	12.5%	11.8%	12.2%	12.0%	11.0%	11.5%
25-44	88,595	89,725	178,320	25.5%	24.9%	25.2%	25.9%	24.5%	25.2%
45-64	82,445	87,381	169,826	23.8%	24.2%	24.0%	25.8%	26.5%	26.1%
65-74	37,040	43,489	80,529	10.7%	12.1%	11.4%	10.8%	12.1%	11.4%
>74	29,334	34,708	64,042	8.5%	9.6%	9.1%	8.5%	10.3%	9.4%

Source: The Florida Legislature, Office of Economic and Demographic Research

Figure 2. Median Age, 2020

Indicator	Polk County	Florida
Median Age	40.2 years	42.2 years

Source: US Census Bureau, 2020 ACS 5-Year Estimates

Race

Figure 3. Population by Race, 2020

Indicator	Polk County		Florida
Race	Count	Percentage	Percentage
White	556,995	78.8%	77.2%
Black	114,739	16.2%	17.0%
Other	35,457	5.0%	5.8%

Source: The Florida Legislature, Office of Economic and Demographic Research

Ethnicity

Figure 4. Population by Ethnicity, 2020

Indicator	Polk County		Florida
Ethnicity	Count	Percentage	Percentage
Hispanic	174,075	24.6%	26.7%
Non-Hispanic	533,116	75.4%	73.3%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Education

Figure 5. Educational Attainment among population 25 years and over, 2020

Indicator	Polk County	Florida
Population 25 years and over	490,414	15,255,326
Less than 9 th grade education	5.7%	4.6%
9 th to 12 th grade education, no diploma	8.8%	6.9%
High School Graduate (includes equivalency)	33.7%	28.2%
Some college education, no degree	21.5%	19.8%
Associate's degree	9.6%	10.0%
Bachelor's degree	13.5%	19.3%
Graduate or professional degree	7.1%	11.3%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Employment

Figure 6. Employment Status among population 16 years and over, 2020

Indicator	Polk County		Florida
	Count	Percent	Percent
Population 16 years+	567,197		17,486,583

Civilian labor force	313,393	55.3%	58.6%
Employed	296,493	52.3%	55.4%
Unemployed	16,900	3.0%	3.2%
Armed Forces	453	0.1%	0.4%
Not in labor force	253,351	44.7%	41.1%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Figure 7. Commuting to Work among Workers 16 years and over, 2020

Indicator	Polk County		Florida
	Count	Percent	Percent
Workers 16 years and over	291,976		9,559,753
Car, truck, or van - drove alone	239,973	82.2%	77.7%
Car, truck, or van - carpooled	28,570	9.8%	9.2%
Public transportation (excluding taxicab)	1,146	0.4%	1.6%
Walked	2,574	0.9%	1.4%
Other means	4,460	1.5%	2.3%
Worked at home	15,253	5.2%	7.8%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Income

Figure 8. Income and Benefits, 2020

Indicator	Polk County		Florida
	Count	Percent	Percent
Total Households	240,879		7,931,313
Less than \$10,000	14,304	5.9%	6.2%
\$10,000-\$14,999	11,143	4.6%	4.2%
\$15,000-\$24,999	25,739	10.7%	9.3%
\$25,000-\$34,999	27,109	11.3%	9.9%
\$35,000-\$49,999	38,615	16.0%	13.8%
\$50,000-\$74,999	47,172	19.6%	18.3%
\$75,000-\$99,999	29,786	12.4%	12.5%
\$100,000-\$149,999	28,681	11.9%	13.7%
\$150,000-\$199,999	9,434	3.9%	5.6%
\$200,000 or more	8,896	3.7%	6.4%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Figure 9. Median and Mean Household Income, 2020

Indicator	Polk	Florida
Median household income	\$51,535	\$57,703
Mean household income	\$69,535	\$83,104

Source: US Census Bureau, 2016-2020 ACS 5-Year Estimates

Health Insurance

Figure 10. Health Insurance Coverage, 2020

Indicator	Polk County		Florida
	Count	Percent	Percent
Civilian noninstitutionalized population	697,367		20,897,188
With health insurance coverage	606,980	87.0%	87.3%
With private health insurance	407,160	58.4%	62.9%
With public coverage	288,388	41.4%	36.9%
No health insurance coverage	90,387	13.0%	12.7%
Civilian noninstitutionalized population under 19 years	165,027		4,455,752
No health insurance coverage	12,228	7.4%	7.2%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Poverty

Figure 11. Families Below 100% of Poverty, 2020

Indicator	Polk County Rate	Florida Rate
Below 100% of the poverty level	11.5%	9.4%
With children under 18 years	19.1%	15.2%
With children under 5 years	19.3%	13.8%

Source: US Census Bureau, 2016-2020 ACS 5-Year Estimates

Housing

Figure 12. Housing, 2020

Indicator	Polk County		Florida
	Count	Percent	Percent
Total Housing Units	300,596		9,562,324
Occupied Housing Units	240,879	80.1%	82.9%
Owner-occupied	167,295	69.5%	66.2%
Renter-occupied	73,584	30.5%	33.8%
Vacant Housing Units	59,717	19.9%	17.1%
Value of Owner-Occupied Units	Polk County		Florida
	Count	Percent	Percent
Less than \$50,000	23,327	13.9%	6.5%
\$50,000-\$99,000	26,650	15.9%	9.5%
\$100,000-\$149,999	25,134	15.0%	11.0%
\$150,000-\$199,999	31,348	18.7%	14.5%
\$200,000-\$299,999	39,257	23.5%	24.8%
\$300,000-\$499,999	16,307	9.7%	22.2%
\$500,000-\$999,999	4,197	2.5%	8.7%
\$1,000,000 or more	1,075	0.6%	2.7%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Figure 13. Median Value of Owner-Occupied Units, 2020

Indicator	Polk County	Florida
Median Value of Owner-Occupied Units (dollars)	\$162,400	\$232,000

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Housing Cost Burden

Figure 14. Housing Cost Burden in Polk County, 2015-2019

Indicator	Owner		Renter		Total	
	Count	Percent	Count	Percent	Count	Percent
Housing Cost Burden Overview						
Cost Burden ≤30%	126,930	78.31%	38,400	52.46%	165,330	70.27%
Cost Burden >30% to ≤50%	18,855	11.63%	16,530	22.58%	35,385	15.04%
Cost Burden >50%	14,305	8.83%	15,905	21.73%	30,210	12.84%
Cost Burden not available	2,000	1.23%	2,355	3.22%	4,355	1.85%
Total	162,090		73,195		235,285	

Source: HUD Consolidated Planning/CHAS Data, 2015-2019

Industry

Figure 15. Industry Workers 16 years and over, 2020

Indicator	Polk County		Florida
	Count	Percent	Percent
Civilian employed population 16 years and over	296,493		
Agriculture, forestry, fishing and hunting, and mining	4,186	1.4%	0.9%
Construction	24,276	8.2%	7.9%
Manufacturing	18,427	6.2%	5.1%
Wholesale trade	7,512	2.5%	2.6%
Retail trade	45,010	15.2%	12.5%
Transportation and warehousing, and utilities	19,720	6.7%	5.8%
Information	3,719	1.3%	1.7%
Finance and insurance, and real estate and rental and leasing	18,842	6.4%	7.7%
Professional, scientific, and management, and administrative and waste management services	31,698	10.7%	13.3%
Educational services, and health care and social assistance	55,957	18.9%	21.1%
Arts, entertainment, and recreation, and accommodation and food services	42,184	14.2%	12.0%
Other services, except public administration	14,201	4.8%	5.3%
Public administration	10,761	3.6%	4.3%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Language

Figure 16. Language Spoken at Home and Ability to Speak English, 2020

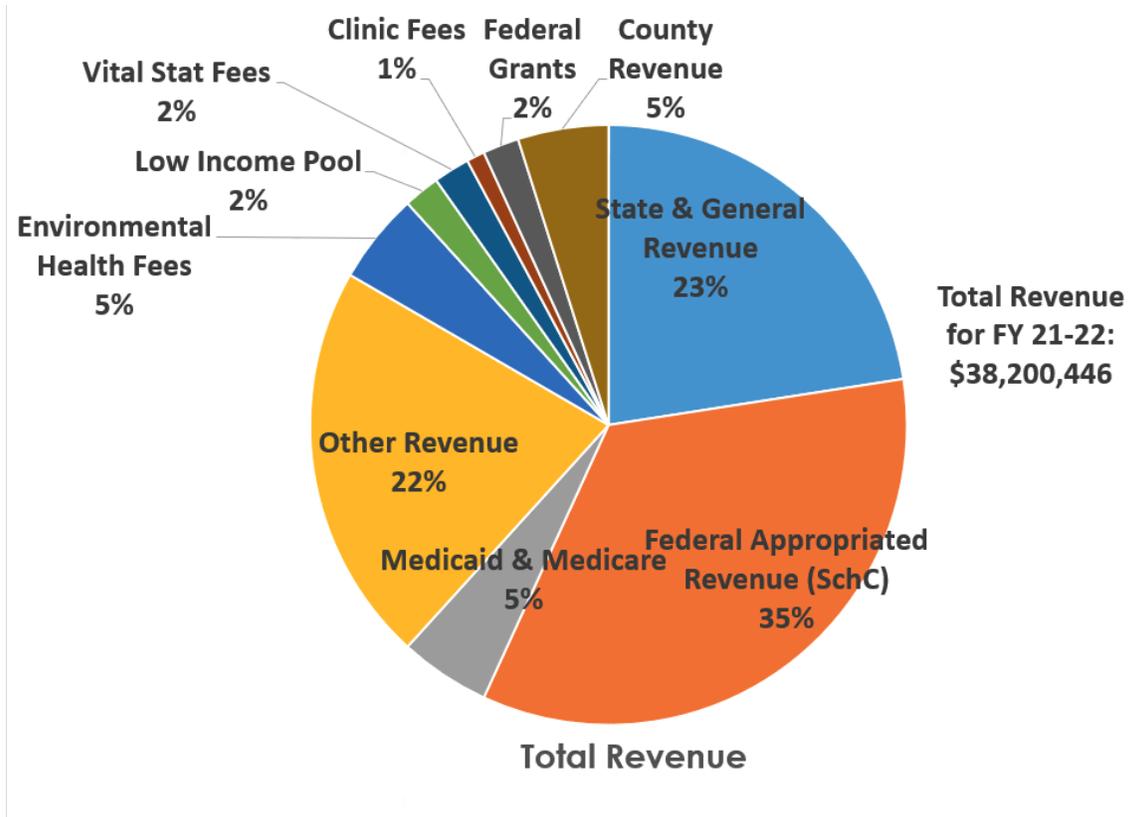
Indicator	Polk County		Florida
	County Number	County Rate	State Rate
Population 5 years and over	664,942		
English only	512,703	77.1%	70.6%
Language other than English	152,239	22.9%	29.4%
Speak English less than "very well"	54,227	8.2%	11.8%

Source: US Census Bureau, 2020 ACS 1-Year Estimates

Budget and Revenue

Financial resources for the Florida Department of Health in Polk County are provided through multiple sources. These include fees, grants, and budget allocations from the County, State, and Federal governments. Please see the data below.

**The Florida Department of Health in Polk County
Revenue Percentage by Source
Fiscal Year: 2021-2022**

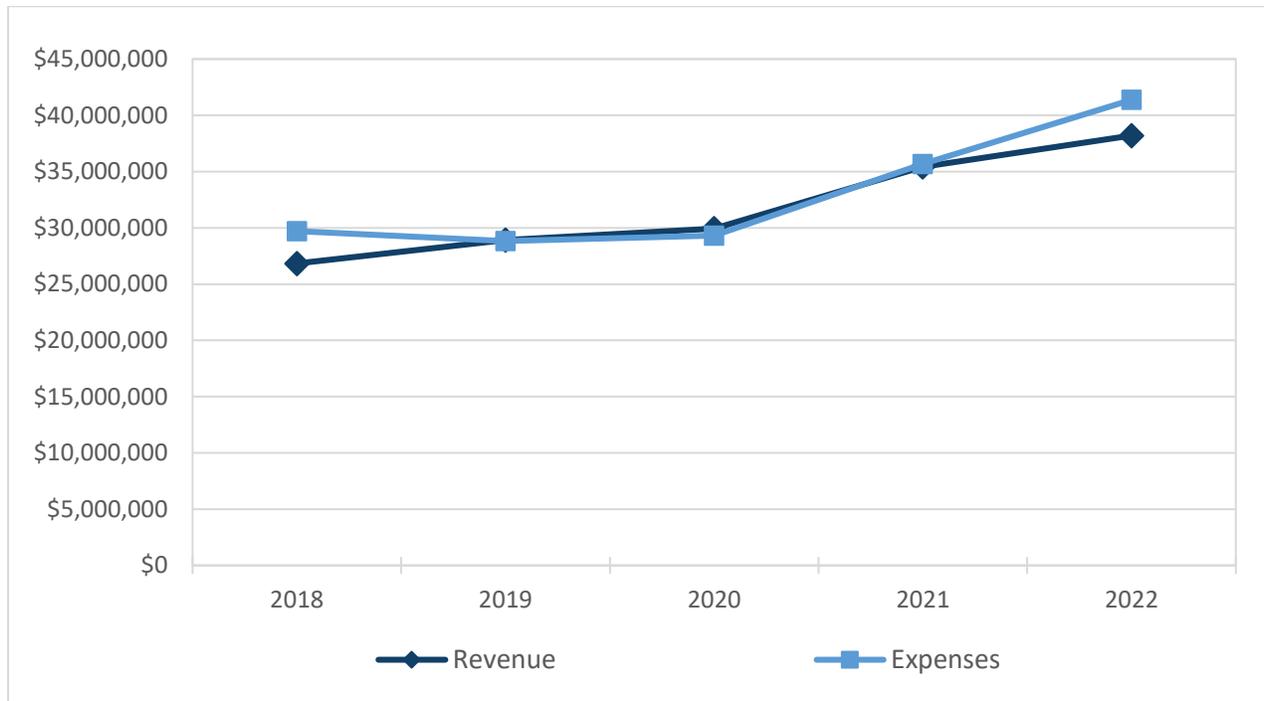


Source: FDOH-Polk Spending Plan FY 2022

Budget and Revenue (Cont'd)

The budget and revenue for FDOH-Polk changes year over year, affecting services and programs throughout the county. FDOH-Polk consistently works to address the ever-changing needs of the community while operating in a fiscally responsible manner. Recently, the COVID-19 pandemic created shifts in the economy and workforce that have certainly impacted FDOH-Polk. The graph below represents the revenue and expense relationship for FDOH-Polk over the past five years.

**The Florida Department of Health in Polk County
Revenue and Expenses 2018-2022**



Source: Polk CHD Revenue & Expense Report, 2018-2022

Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for the Florida Department of Health in Polk County's commitment to providing the highest standards of public health through the following core functions and services:

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, as well as conducting complaint investigations and enforcing public health laws. Specific programs for Polk County include:

- The regulation, inspection, investigation, surveillance, and permitting of the following programs:
 - Biomedical Waste: Specifically, facilities that generate, transport, store, or treat biomedical waste through processes other than incineration.
 - Body Piercing & Tattoo Artists and Establishments, including procedures such as microblading and permanent makeup.
 - Food Safety and Sanitation in facilities such as schools, assisted living facilities, and other congregate settings, including foodborne illness investigation in any food setting, and includes sample collection and support to epidemiology
 - Migrant Farmworker Housing
 - Mobile Home and Recreational Vehicle Parks
 - Public Pools, SPAs, and Bathing Places
 - Septic Tanks/Onsite Sewage Treatment & Disposal Systems (OSTDS)
 - Storage Tank Regulation Program (contract with Department of Environmental Protection)
 - Petroleum Restoration Program (contract with Department of Environmental Protection)
 - Radon Outreach
 - Group Care and Congregate Living Facilities
 - Community Sharps Collection Program (partnership with BOCC)
 - Tanning Facilities
 - Sanitary Nuisance Complaints
 - Indoor Air Quality and Mold Complaints
 - Post-storm assessments and preparedness
 - Epidemiology
 - Drinking Water programs, including:
 - Public Drinking Water Systems
 - Limited Use Drinking Water Systems
 - Well Permitting
 - Water Toxics Program (Blue-Green Algae)
 - Waterborne illness investigation and support

Communicable Disease and Epidemiology

We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control. Specific programs for Polk County include:

- Disease Outbreak Control (Epidemiology)
 - Reportable Disease Surveillance
- Hepatitis

- HIV/AIDS
- Immunizations
- Mosquito surveillance
- Rabies surveillance
- Sexually Transmitted Diseases (STDs)
- Tuberculosis (TB) Control

Public Health Preparedness

We partner with the local healthcare system, emergency management, government, and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and to minimize loss. Specific programs for Polk County include:

- Disaster Preparedness

Community Health Promotion

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. Specific programs for Polk County include:

- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- School Dental Sealants program
- Healthy Communities of Florida (formerly Healthiest Weight Florida)
- Healthy Start program
- HIV/AIDS & STDs Prevention/Outreach
- Lead Poisoning Prevention
- Rabies Prevention
- School Health program
- Florida Healthy Babies
- Injury Prevention
- Mobile Bus Unit
- Community Outreach Team – communicable disease & health screenings

Health Equity

We strive to reach health equity in our county. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Specific programs for Polk County include:

- Health Equity

Clinical Services

We have a variety of services for expecting moms, newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Our services are provided by highly qualified physicians, nurses, social workers, and other health care providers. Specific programs for Polk County include:

- Adult Health
- Dental Health (adult and pediatric)
- Family Planning
- Household Sharps Collection Program
- HIV/AIDS
- Immunizations
- Pregnancy Care
- School Health
- STDs

- WIC/Nutrition
- Rape Crisis Forensic Exams (in partnership with Peace River Center)

Vital Statistics

We maintain Florida birth and death records locally and can assist with birth, death, marriage, and divorce records for all fifty states. Using data collected by our office, we can assist the state with tracking causes of morbidity and mortality— two main indicators of health status. Specific programs for Polk County include:

- Birth & Death Certificates



Planning Summary

FDOH Performance Management System

The Florida Department of Health (FDOH) performance management system allows FDOH to systematically track progress toward strategic goals and objectives and provides a structured, data-driven approach to identifying and prioritizing opportunities for improvement.

Performance Management Councils (PMCs) are one of FDOH's forums that provide a setting to interpret performance data, identify action items to improve performance and establish a shared understanding and focus on the state's public health priorities.

Each of the 67 FDOH County Health Departments operate a PMC. Each PMC meets at least quarterly to carry out activities. The primary functions of PMCs are to:

- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

FDOH-Polk Performance Management Council (PMC)

The FDOH-Polk PMC consists of the:

- Executive Leadership Team (ELT) – including the Health Director, Assistant Director, and Division Directors
- Plan Leads – designated staff responsible for one or more of the agency's foundational plans required for accreditation.
- Public Information Officer (PIO).

In January 2022, FDOH-Polk established the Public Health Planning (PHP) Division in an effort to house the organization's foundational plans within one division for improved efficiency and increased synergy. This division is primarily responsible for the following foundational plans:

- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- Strategic Plan
- Quality Improvement (QI) Plan.

The PHP Division also shares responsibility with the Administrative Division for the Workforce Development (WFD) Plan while the Preparedness Planner is solely responsible for the Emergency Operations Plan (EOP).

FDOH-Polk Strategic Planning Process

Directed by the FDOH-Polk PMC, the PHP Division initiated a new strategic planning process in April 2022. With 3 new foundational plans coming due, the process was designed to inform not only a new Strategic Plan, but also a new QI Plan (due 7/31/2022) and new WFD Plan (due 10/31/2022). To accomplish this, the PHP Division developed a plan to meet with each division and program to gather input from all levels of staff into the development of each new plan. This series of meetings became known as the *Public Health Planning Tour* (Tour).

Public Health Planning Tour 2022

In preparation for the Tour, the PHP Division examined the state-provided templates for the QI, WFD and Strategic Plans, as well as the respective Standards Tools that explain the requirements of each plan and act as a rubric for scoring after plan submission. By examining these templates and tools, a list of the required information for all 3 plans was generated to guide the Tour agenda. Each Plan Lead responsible for a new plan then put together a presentation and activity or set of questions to utilize during the Tour meetings.

A “first round” of Tour meetings consisted of 6 meetings with individual Division Directors. During these meetings, Plan Leads reviewed the Tour agenda and solicited feedback. The final question asked of the Division Directors was about which programs are within their division, who the Supervisors are, and recommendations for setting up meetings with each Program Supervisor. Following the suggestions of each Division Director, a “second round” of meetings was then scheduled with Program Supervisors. Program Supervisors were asked to bring a few key front-line staff to these meetings to ensure input is gathered from all levels of staff.

Each of the Tour meetings engaged participants a strategic planning activity, known as a SWOT analysis. During this activity, Division Directors were asked to identify the Strengths, Weaknesses, Opportunities, and Threats (or challenges) for their respective division and programs while Program Supervisors and front-line staff identified the same, but only for their program(s).

To support dialogue during each SWOT analysis activity, PHP Division staff prepared relevant data founded through an environmental scan (listed on page 31) to ensure the identification and discussion of external trends, events, and other factors that can impact community health or FDOH-Polk. Additionally, details regarding the infrastructure and capacity required for efficiency and effectiveness – such as information management, workforce development, communication (including branding), and financial sustainability – were heavily considered throughout SWOT analysis discussions.

After completing all SWOT analysis activities during the first two-rounds of meetings, the Strategic Plan Lead compiled a list of the most commonly mentioned strengths, weaknesses, opportunities, and threats experienced across all FDOH-Polk divisions, programs, and staff levels (see list on page 18). The PMC then used the SWOT findings – along with the Statewide Proposed Priorities and Goals for 2022-2026 and the FDOH Mission, Vision, and Values – to propose priority areas and goals for the new 2023-2027 FDOH-Polk Strategic Plan. The Strategic Plan Lead then conducted a “third round” of meetings with Division Directors, Program Supervisors and key front-line staff altogether, to begin drafting goals and objectives that align with FDOH statewide priorities. The goals and objectives were then routed back to the ELT (as members of the FDOH-Polk PMC) for comment. Final approval of the Strategic Plan was granted by the PMC on January 27, 2023.

The PMC championed the 10-month planning process through a series of 45 meetings. Throughout the process, the PMC sought to articulate what FDOH-Polk plans to achieve as an organization, the actions it will take, and how it will measure success. The resulting 2023-2027 FDOH-Polk Strategic Plan seeks to position the organization to operate as a sustainable, integrated public health system and provide customers with quality public health services. This plan is a living document that FDOH-Polk will evaluate annually to address new challenges posed by the changing public health environment.

The following is the strategic planning schedule of meetings:

Meeting Date	Meeting Topic
4/6/2022	<ul style="list-style-type: none">Planning for Public Health Planning (PHP) TourPublic Health Planning Division PHP Tour meeting and SWOT analysis
4/15/2022	<ul style="list-style-type: none">Administrative (Admin) Division PHP Tour meeting and SWOT analysis
4/20/2022	<ul style="list-style-type: none">Environmental Health (EH) Division PHP Tour meeting and SWOT analysis
4/26/2022	<ul style="list-style-type: none">Community Health Services (CHS) Division PHP Tour meeting and SWOT analysis

4/27/2022	<ul style="list-style-type: none"> ▪ Clinical Division PHP Tour meeting and SWOT analysis
4/29/2022	<ul style="list-style-type: none"> ▪ WIC/Nutrition Division PHP Tour meeting and SWOT analysis
5/6/2022	<ul style="list-style-type: none"> ▪ Admin Division – <i>Communications</i> PHP Tour meeting and SWOT analysis
5/9/2022	<ul style="list-style-type: none"> ▪ Admin Division – <i>IT/Informatics</i> PHP Tour meeting and SWOT analysis
5/9/2022	<ul style="list-style-type: none"> ▪ Admin Division – <i>Finance/Vital Statistics</i> PHP Tour meeting and SWOT analysis
5/10/2022	<ul style="list-style-type: none"> ▪ Admin Division – <i>Personnel</i> PHP Tour meeting and SWOT analysis
5/10/2022	<ul style="list-style-type: none"> ▪ Admin Division – <i>General Services</i> PHP Tour meeting and SWOT analysis
5/12/2022	<ul style="list-style-type: none"> ▪ EH Division – <i>Epidemiology/COVID Response</i> PHP Tour meeting and SWOT analysis
5/16/2022	<ul style="list-style-type: none"> ▪ EH Division – <i>Facilities, Water, OSTDS (Septic Tanks), Petroleum Clean-Up & Storage, and Clerical</i> PHP Tour meeting and SWOT analysis
5/23/2022	<ul style="list-style-type: none"> ▪ CHS Division – <i>Hepatitis and Immunizations</i> PHP Tour meeting and SWOT analysis
5/24/2022	<ul style="list-style-type: none"> ▪ CHS Division – <i>Health Start</i> PHP Tour meeting and SWOT analysis
5/25/2022	<ul style="list-style-type: none"> ▪ CHS Division – <i>Preparedness</i> PHP Tour meeting and SWOT analysis
6/2/2022	<ul style="list-style-type: none"> ▪ CHS Division – <i>School Health</i> PHP Tour meeting and SWOT analysis
6/7/2022	<ul style="list-style-type: none"> ▪ Clinical Division – <i>Specialty Care</i> PHP Tour meeting and SWOT analysis
6/10/2022	<ul style="list-style-type: none"> ▪ Clinical Division – <i>Dental</i> PHP Tour meeting and SWOT analysis
6/13/2022	<ul style="list-style-type: none"> ▪ Clinical Division – <i>Medical</i> PHP Tour meeting and SWOT analysis
8/17/2022	<ul style="list-style-type: none"> ▪ PHP Tour debrief to identify common themes within the SWOT analyses and brainstorm ideas for the Strategic, Workforce Development, and Quality Improvement Plans
8/24/2022	<ul style="list-style-type: none"> ▪ PHP Tour debrief to finalize the common SWOT themes to be presented to Executive Leadership
9/7/2022	<ul style="list-style-type: none"> ▪ Presentation of common SWOT themes to Executive Leadership Team
9/16/2022	<ul style="list-style-type: none"> ▪ Drafting of WIC/Nutrition Division goals and objectives
9/19/2022	<ul style="list-style-type: none"> ▪ Drafting of Clinical Division goals and objectives

9/19/2022	▪ Drafting of Admin Division goals and objectives
10/3/2022	▪ Drafting of PHP Division goals and objectives
10/7/2022	▪ Drafting of Clinical Division – <i>Medical</i> goals and objectives
10/10/2022	▪ Drafting of Clinical Division – <i>Dental</i> goals and objectives
10/13/2022	▪ Drafting of Admin Division – <i>Finance/Vital Statistics</i> goals and objectives
10/13/2022	▪ Drafting of Admin Division – <i>General Services</i> goals and objectives
10/17/2022	▪ Drafting of Clinical Division – <i>Specialty Care (STDs Unit)</i> goals and objectives
10/18/2022	▪ Drafting of Clinical Division – <i>Specialty Care (HIV/AIDS Unit)</i> goals and objectives
10/18/2022	▪ Drafting of Admin Division – <i>Personnel</i> goals and objectives
10/19/2022	▪ Drafting of EH Division goals and objectives
10/21/2022	▪ Drafting of CHS Division goals and objectives
10/25/2022	▪ Drafting of Admin Division – <i>IT/Informatics</i> goals and objectives
10/28/2022	▪ Drafting of Admin Division – <i>Communications</i> goals and objectives
11/1/2022	▪ Drafting of EH Division – <i>OSTDS (Septic Tanks)</i> goals and objectives
11/1/2022	▪ Drafting of EH Division – <i>Epidemiology/COVID Response</i> goals and objectives
11/2/2022	▪ Drafting of EH Division – <i>Facilities</i> goals and objectives
11/3/2022	▪ Drafting of Clinical Division – <i>Specialty Care (HIV/AIDS & STDs Units)</i> community outreach goals and objectives
11/16/2022	▪ Drafting of EH Division – <i>Clerical</i> goals and objectives
12/7/2022	▪ Presentation of proposed priorities, goals and objectives for DOH-Polk Strategic Plan to Executive Leadership Team
1/27/2023	▪ Q1 (2023) PMC meeting – final review and approval of 2023-2027 FDOH-Polk Strategic Plan

Strategic Planning Participants

FDOH-Polk Strategic Planning Participants 2022

- **Natalia Acebal,**
Senior Human Services Program Analyst
- **David Amador,**
General Services Purchasing Manager
- **Bernice Bass,**
Public Health Services Manager
- **Frances Benton,**
Human Services Program Specialist
- **Laura Berg-Taylor,**
Human Services Counselor II
- **Vivian Besser,**
Operations & Management Consultant I
- **Sylvia Biggerstaff,**
Medical Assistant
- **Brenda Bitner,**
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- **Jennifer Brandow,**
Government Operations Consultant II
- **Willie Carter,**
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- **John Cook,**
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- **Sharon Daniels,**
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- **Greg Danyluk,**
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- **Juli Davis,**
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- **Jonathan Gaffney,**
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- **Jessica Napoleon,**
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- **Matthew Nickerson,**
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- **Yailyn Pina,**
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- **Kathy Pizano,**
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- **Joni Simmons,**
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- **Scott Sjoblom,**
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- **Christine Smith,**
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- **Ron Stadelbacher,**
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- **Mary Thomas,**
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- **Sandra Underwood,**
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- **Amy Westphal,**
Senior Clerk
- **Mimi Williamson,**
Administrative Assistant I

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Strengths (Internal)

We want to maintain and leverage strengths.

Agency Infrastructure:

- Responsiveness and preparedness

Capacity:

- Staff knowledge, experience, and skillset
- Teamwork and communication within individual programs
- Staff passion, commitment, and dedication
- Relationships with community members and partners
- Staff innovation and resourcefulness
- Cross-training
- Customer Service
- Staff reliability and dependability
- Staff empathy
- Training resources
- Resilience

Emerging Trends:

- Impact of COVID - Returning to normal operations

Other:

- Peer support from regional consortia, Central Office, and other state and national public health agencies

Weaknesses (Internal)

We want to minimize weaknesses.

Agency Infrastructure:

- Staff onboarding
- Succession planning
- Internal communication – from top-down
- Internal communication – between programs
- Insufficient resources – funding, equipment, staff

Capacity:

- Heavy workload
- Insufficient resources
- Staff shortage – insufficient applicant pool
- Staff shortage – insufficient # of positions to fulfill community need
- Staff turnover – retirement and resignation

Opportunities (External)

We want to invest in opportunities.

Agency Infrastructure:

- Cross-training
- Formalize processes

Capacity:

- Better utilization of technology
- Impact of COVID – seek new and strengthen existing community partnerships
- Staff training and development – leadership development, cross training, resiliency (personal and professional)

Emerging Trends:

- Impact of COVID – return to in-person
- Leverage focus on health equity

Other:

- Impact of COVID - capitalize on renewed focus on Public Health

Threats or Challenges (External)

We want to identify threats or challenges that need to be addressed and understand their potential impact.

Agency Infrastructure:

- Politics/political environment – shifting state priorities and requirements

Capacity:

- Impact of COVID – staff mental health
- Politics/political environment – leadership hesitance to embrace new priorities
- Funding
- Size of service area – Polk and tri-county area (Polk, Hardee, Highlands)

Emerging Trends:

- Inflation
- Staffing shortages
- Population growth

Other:

- Impact of COVID – put Public Health in the spotlight
- Impact of COVID – public mistrust of public health and government

Emerging Trends:

- Diminishing workforce

Other:

- External communications with community about available programs and services
- Staff incentives/pay
- Low staff morale



Objectives

Priority 1: Healthy, Thriving Lives					
Goal 1.1: Enhance health promotion and prevention activities.					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
<p>1.1.1 By June 30, 2023, at least 90% of WIC records selected for review of overweight and obese children 2-5 years old (BMI at or above 85th percentile) will include a goal documented in the FL-WiSE computer system associated with the 5-2-1-0 campaign or other goal related to improvement of their weight status.</p> <p>Data Source: FL-WiSE</p>	91% (2022)	≥ 90% (6/1/2023)	WIC	On Track	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority Area – <i>Healthy, Thriving Lives</i> AWFD-N/A SHIP-CD 4+6</p> <p>CHD Plans: CHIP-3.1 EOP-N/A PMQI-N/A WFD-N/A</p>
<p>1.1.2 By 12/31/2027, increase the rate of WIC clients that are partially or fully breastfed for at least 26 weeks from 44.30% to 45%.</p> <p>Data Source: FL-WiSE</p>	44.30% (Q3 2022)	≥ 45% (12/31/2027)	WIC	On Track	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority Area – <i>Healthy, Thriving Lives</i> AWFD- N/A SHIP- MCH 2+4; CD 4+6</p> <p>CHD Plans: CHIP- 2.1.2; 3.1 EOP- N/A PMQI- N/A WFD- N/A</p>
<p>1.1.3 By 12/31/2023, maintain at least 85% of teen local DOH family planning clients who adopt an effective or higher method of birth control.</p> <p>Data Source: HMS</p>	86.8% (Q4 2022)	≥ 85% (12/31/2023)	Clinical Services – Family Planning	On Track	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority Area – <i>Healthy, Thriving Lives</i> AWFD- N/A SHIP- N/A</p> <p>CHD Plans: CHIP- N/A EOP- N/A PMQI- N/A WFD- N/A</p>

<p>1.1.4 By 12/31/2023, ensure that a minimum of 40% of female FDOH-Polk clients ages 50-69 years have received a screening mammogram within 1 year.</p> <p>Data Source: HMS</p>	<p>29% (Q4 2022)</p>	<p>≥ 40% (12/31/2023)</p>	<p>Clinical Services</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority Area – <i>Healthy, Thriving Lives</i> AWFD- N/A SHIP- CD1 CHD Plans: CHIP- N/A EOP- N/A PMQI- N/A WFD- N/A</p>
<p>1.1.5 By 12/31/2023, increase the percent of DOH-Polk clients who have completed the full series of the Human Papilloma Virus (HPV) vaccine by age 17 from 18% to 20%.</p> <p>Data Source: FL SHOTS</p>	<p>18% (1/13/2023)</p>	<p>≥ 20% (12/31/2023)</p>	<p>Community Health Services (CHS) – Immunizations</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority Area – <i>Healthy, Thriving Lives</i> AWFD- N/A SHIP- CD 1; TED 3 CHD Plans: CHIP- N/A EOP- N/A PMQI- N/A WFD- N/A</p>
<p>1.1.6 By 12/31/2023, increase mandatory 2-year-old vaccination rates from 62% to 85%.</p> <p>Data Source: FL SHOTS</p>	<p>62% (Q4 2022)</p>	<p>≥ 85% (12/31/2023)</p>	<p>Community Health Services (CHS) – Immunizations</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority Area – <i>Healthy, Thriving Lives</i> AWFD- N/A SHIP- TED 3; MCH 1+2 CHD Plans: CHIP- N/A EOP- N/A PMQI- N/A WFD- N/A</p>
<p>1.1.7 By 5/31/2023, provide complete 5-2-1-0 curriculum to at least 1 3rd grade classroom at 3 Polk elementary schools.</p> <p>Data Source: manual – School Health RNs Report</p>	<p>1 classroom at 3 schools (SY 21-22)</p>	<p>1 classroom at 3 schools (5/31/2023)</p>	<p>Community Health Services (CHS) – School Health</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- N/A AWFD- N/A SHIP- CD6 CHD Plans: CHIP- 3.1 EOP- N/A PMQI- N/A WFD- N/A</p>

Priority 2: Health Care Resiliency

Goal 2.1: Improve public health in rural, minority and underserved communities.

Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
<p>2.1.1 By 12/31/2027, provide introductory Health Equity training to 85% of new DOH-Polk staff as part of the agency onboarding process.</p> <p>Data Source: manual – Health Equity training sign-in sheets and Personnel action lists</p>	100% (Q4 2022)	≥ 85% (12/31/2027)	Public Health Planning (PHP) & Personnel	On Track	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority area: <i>Health Care Resiliency</i> AWFD- Goal 1 SHIP- N/A</p> <p>CHD Plans: CHIP- 2.1 EOP- N/A PMQI- N/A WFD- 8.1</p>
<p>2.1.2 By 12/31/2023, complete a PACE-EH project that addresses food access issues within an underserved neighborhood.</p> <p>Data Source: manual – meeting minutes and project deliverables</p>	Project initiated (2022)	Project complete (12/31/2023)	Public Health Planning (PHP)	On Track	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Health Care Resiliency</i> AWFD-N/A SHIP-SEC 3</p> <p>CHD Plans: CHIP-3.2 EOP-N/A PMQI-N/A WFD-N/A</p>
<p>2.1.3 By 6/30/2023, ensure a minimum of 750 students enrolled in FDOH-Polk assigned Title I schools are seen by Dental Sealant Program staff to assess for dental sealant eligibility.</p> <p>Data Source: FLOSS; quarterly tracking spreadsheet</p>	265 students (SY 21-22)	≥ 750 students (6/30/2023)	Clinical Services - Dental	On Track	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Health Care Resiliency</i> AWFD-N/A SHIP- CD 7; MCH 1.4</p> <p>CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD-N/A</p>

<p>2.1.4 By 12/31/2023, conduct 75 influenza, COVID and/or other vaccination outreach events among high-risk populations</p> <p>Data Source: manual – outreach calendar</p>	<p>125 events (2022)</p>	<p>≥ 75 events (12/31/2023)</p>	<p>Community Health Services (CHS)</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority area: <i>Health Care Resiliency</i> AWFD- N/A SHIP-TED 3 CHD Plans: CHIP- N/A EOP- N/A PMQI- N/A WFD- N/A</p>
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Goal 2.2: Improve health outcomes among people living with HIV/AIDS.

<p>2.2.1 By 12/31/2025, increase the HIV viral suppression rate to 91% for FDOH-Polk Ryan White patients who have had at least one medical visit with the last HIV viral load test results less than 200 copies/mL during the measurement year.</p> <p>Data Source: SharePoint - Specialty Care Clinic Ryan White Metrics</p>	<p>89.3% (Q4 2022)</p>	<p>≥ 91% (12/31/2025)</p>	<p>Clinical Services – Specialty Care – HIV/AIDS unit</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Health Care Resiliency</i> AWFD-N/A SHIP-TED 1.1 CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD- N/A</p>
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Priority 3: Emerging Health Threats

Goal 3.1: Reduce transmission of communicable diseases

Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
<p>3.1.1 By 12/31/2025, increase partner service credits to 25%, as measured by the Disease Intervention Index.</p> <p>Data Source: Disease Intervention Index</p>	<p>16% (Q4 2022)</p>	<p>≥ 25% (12/31/2025)</p>	<p>Clinical Services – Specialty Care – STDs unit</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI-N/A ASP- Priority area: <i>Emerging Health Threats</i> AWFD-N/A SHIP-TED 2 CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD-N/A</p>

Goal 3.2: Enhance response infrastructure					
<p>3.2.1 By 12/31/2027, establish 3 new Open PODs in Polk.</p> <p>Data Source: manual</p>	6 Open PODs (2022)	9 Open PODs (12/31/2027)	Community Health Services (CHS) - Preparedness	On Track	<p>Agency Plans: AEOP-Core Mission 5 APMQI-N/A ASP- Priority area: <i>Emerging Health Threats</i> AWFD-N/A SHIP- TED 4 CHD Plans: CHIP-N/A EOP- Annex G PMQI-N/A WFD-N/A</p>
<p>3.2.2 12/31/2023, further develop procedure for responding to epidemiological emergencies, including a roster of staff trained to assist with operating an Emergency Call Center and patient specimen collection (if necessary) and a training and exercise schedule to assess capabilities.</p> <p>Data Source: manual</p>	procedure <u>without</u> staff roster <u>or</u> training/exercise schedule (2022)	procedure <u>with</u> staff roster <u>and</u> training/exercise schedule (12/31/2023)	Epidemiology	On Track	<p>Agency Plans: AEOP-Core Mission 5, 7, 11 APMQI-N/A ASP- Priority area: <i>Emerging Health Threats</i> AWFD-N/A SHIP- TED 4 CHD Plans: CHIP-N/A EOP- Annex C, D, H, I PMQI-N/A WFD-N/A</p>
Goal 3.3: Increase and enhance partnerships with preparedness and response entities.					
<p>3.3.1 By 12/31/2023, partner with Polk County Sheriff's Office (PCSO) to develop an active shooter/security plan at 100% of FDOH-Polk worksites.</p> <p>Data Source: manual</p>	0% (2022)	100% (12/31/2023)	Community Health Services (CHS) - Preparedness	On Track	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Emerging Health Threats</i> AWFD-N/A SHIP-TED 4 CHD Plans: CHIP-N/A EOP- Annex P PMQI- N/A WFD- N/A</p>

Priority 4: Communication and Partnerships

Goal 4.1: Enhance interagency and community collaboration.

Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
<p>4.1.1 By 12/31/2027, participate in at least 5 community outreach events to increase knowledge of WIC services and eligibility.</p> <p>Data Source: manual</p>	3 events (2022)	+5 events (12/31/2027)	WIC	On Track	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority area: <i>Communication and Partnerships</i> AWFD-N/A SHIP-MCH 1+4 CHD Plans: CHIP- 3.2 EOP- N/A PMQI- N/A WFD- N/A</p>
<p>4.1.2 By 12/31/2023, re-establish quarterly meetings of the Rape Crisis Community Team with community partners.</p> <p>Data Source: manual – meeting minutes/sign-in sheets</p>	No meetings (2022)	Quarterly meetings (12/31/2023)	Community Health Services (CHS)	On Track	<p>Agency Plans: AEOP- N/A APMQI- N/A ASP- Priority area: <i>Communication and Partnerships</i> AWFD-N/A SHIP-ISV 3 CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD-N/A</p>
<p>4.1.3 By 12/31/2023, ensure at least 95% of the monthly milestones within the agency's Communications Plan are met for the previous twelve-month period.</p> <p>Data Source: Communications Plan</p>	100% (2022)	≥ 95% (12/31/2023)	Administration - Communications	On Track	<p>Agency Plans: AEOP-N/A APMQI- 3.1 ASP- Priority area: <i>Communication and Partnerships</i> AWFD-N/A SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD-N/A</p>

<p>4.1.4 Each year, ensure 95% of the agency's external website pages are reviewed and updated within a twelve-month period.</p> <p>Data Source: Webpage Update App</p>	<p>98% (Q4 2022)</p>	<p>≥ 95% (12/31/2023)</p>	<p>Administration - Communications</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- 3.1 ASP- Priority area: <i>Communication and Partnerships</i> AWFD- Goal 4 SHIP- N/A CHD Plans: CHIP- N/A EOP- N/A PMQI- Goal 4 WFD- 7</p>
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<p>Priority 5: Capacity Building</p>					
<p>Goal 5.1: Cultivate and retain a diverse, skilled and engaged workforce</p>					
<p>Objectives:</p>	<p>Baseline Value (Baseline Date)</p>	<p>Target Value (Target Date)</p>	<p>Lead Entity Responsible</p>	<p>Objective Status</p>	<p>Alignment</p>
<p>5.1.1 For 2023, ensure a minimum of 80% for the 12-month rolling employee retention rate for CS and SES new hires.</p> <p>Data Source: Personnel action lists; Employee Retention Rate report</p>	<p>78.2% (Q4 2022)</p>	<p>≥ 80% (12/31/2023)</p>	<p>Administration - Personnel</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Capacity Building</i> AWFD-Goal 5 SHIP- N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD- 2.4</p>
<p>5.1.2 Conduct 3 Supervisor trainings annually.</p> <p>Data Source: manual – sign-in sheets</p>	<p>0 trainings (2022)</p>	<p>3 trainings (12/31/2023)</p>	<p>Administration - Personnel</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Capacity Building</i> AWFD- Goal 2 SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD-11.1</p>

Goal 5.2: Promote a culture of performance management and quality improvement

<p>5.2.1 By 12/31/2023, develop a new performance management dashboard.</p> <p>Data Source: manual</p>	<p>2019 dashboard (2022)</p>	<p>New dashboard (12/31/2023)</p>	<p>Public Health Planning (PHP)</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- Goal 3.1 ASP- Priority area: <i>Capacity Building</i> AWFD- Goal 4 SHIP- N/A CHD Plans: CHIP- N/A EOP- N/A PMQI- 3.1.2 WFD- 7</p>
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Goal 5.3: Improve data quality, access and visualization

<p>5.3.1 By 12/31/2023, reduce the number of duplicate HMS client records to under 100.</p> <p>Data Source: HMS</p>	<p>925 duplicates (1/3/2023)</p>	<p><100 duplicates (12/31/2023)</p>	<p>Administration – IT/EHR</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-Goal 3.1 ASP- Priority area: <i>Capacity Building</i> AWFD-Goal 4 SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-N/A WFD-7</p>
<p>5.3.2 By 12/31/2023, maintain the number of HMS client records with allergies not recorded within the past 6 months to under 50.</p> <p>Data Source: HMS</p>	<p>19 records (Nov 2022)</p>	<p>< 50 records (12/31/2023)</p>	<p>Administration – IT/EHR</p>	<p>On Track</p>	<p>Agency Plans: AEOP- N/A APMQI- Goal 3.1 ASP- Priority area: <i>Capacity Building</i> AWFD-Goal 4 SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI- Goal 4 WFD-7</p>
<p>5.3.3 By 12/31/2023, maintain the number of HMS client records with labs not marked as reviewed within last 180 days to under 400.</p> <p>Data Source: HMS</p>	<p>195 records (Nov 2022)</p>	<p>< 400 records (12/31/2023)</p>	<p>Administration – IT/EHR</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI- Goal 3.1 ASP- Priority area: <i>Capacity Building</i> AWFD-Goal 4 SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-Goal 4 WFD-7</p>

Goal 5.4: Leverage current and emergent technologies to enhance core department functions

<p>5.4.1 By 12/31/2023, replace and/or add Aruba controllers at 100% of DOH-Polk worksites</p> <p>Data Source: manual</p>	<p>0% replaced/added (2022)</p>	<p>100% replaced/added (12/31/2023)</p>	<p>Administration – IT</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-Goal 3.1 ASP- Priority area: <i>Capacity Building</i> AWFD-Goal 4 SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-Goal 4 WFD-7</p>
<p>5.4.2 By 12/31/2024, install/upgrade cellular repeaters at 100% of DOH-Polk worksites.</p> <p>Data Source: manual</p>	<p>0% installed/upgraded (2022)</p>	<p>100% installed/upgraded (12/31/2024)</p>	<p>Administration – IT</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-Goal 3.1 ASP- Priority area: <i>Capacity Building</i> AWFD-Goal 4 SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-Goal 4 WFD-7</p>

<p>Priority 6: Regulatory Efficiency</p>					
<p>Goal 6.1: Establish a regulatory structure that supports the State’s strategic priorities</p>					
<p>Objectives:</p>	<p>Baseline Value (Baseline Date)</p>	<p>Target Value (Target Date)</p>	<p>Lead Entity Responsible</p>	<p>Objective Status</p>	<p>Alignment</p>
<p>6.1.1 For 2023, initiate Environmental Health program complaint investigations within 2 business days for 90% of complaints received and entered into the Environmental Health Database.</p> <p>Data Source: Environmental Health Database</p>	<p>80% (Q4 2022)</p>	<p>≥ 90% (12/31/2023)</p>	<p>Environmental</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Regulatory Efficiency</i> AWFD-N/A SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-Goal 4 WFD-N/A</p>

<p>6.1.2 By 12/31/2023, enter at least 72 out of 293 boxes of OSTDS/septic records into the Septic Permits Archived database</p> <p>Data Source: manual - Septic Permits Archived database</p>	<p>1 box entered (2022)</p>	<p>≥ 72 boxes entered (12/31/2023)</p>	<p>Environmental</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Regulatory Efficiency</i> AWFD-N/A SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI-Goal 4 WFD-N/A</p>
<p>Goal 6.2: Ensure CHD is functioning within its annual operating budget</p>					
<p>6.2.1 By June 30th of each year, maintain DOH-Polk cash balance between 3-10%.</p> <p>Data Source: FIRS</p>	<p>26.94% (Q4 2022)</p>	<p>3-10% (6/30/2023)</p>	<p>Administration - Finance</p>	<p>On Track</p>	<p>Agency Plans: AEOP-N/A APMQI-N/A ASP- Priority area: <i>Regulatory Efficiency</i> AWFD-Goal 3 SHIP-N/A CHD Plans: CHIP-N/A EOP-N/A PMQI- goal 4 WFD-N/A</p>

ASP- Agency Strategic Plan
 AEOP-Agency Emergency Operations Plan
 APMQI-Agency Performance Management and Quality Improvement
 ASP- Agency Strategic Plan
 AWFD-Agency Workforce Development Plan

SHIP- State Health Improvement Plan
 EOP-County Health Department Emergency Operations Plan
 PMQI-County Health Department Performance Management and Quality Improvement Plan
 SP-County Health Department Strategic Plan
 WFD-County Health Department Workforce Development PI

CHIP-Community Health Improvement Plan



Review Process

The FDOH-Polk PMC conducts an annual review of the Strategic Plan where progress achieved, and challenges encountered over the previous year are discussed. At this time, plan revisions are considered.

Although reviews are conducted annually, each staff person responsible for an objective (i.e., Objective Lead) is tasked with providing quarterly progress updates to the Strategic Plan Lead. Objective Leads use Implementation Plans to track and report data values, progress notes and status of completion (e.g., on track/not on track, completed/not completed) for each objective. The Strategic Plan Lead then reports the quarterly updates during PMC meetings to ensure more frequent progress monitoring.

Summary of Revisions

The table below depicts any revisions to objectives that result from the annual review process. Since this is a new plan, no reviews or revisions appear at this time.

Date of Review Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision



Environmental Scan Resources

1. [Agency Strategic Plan](#), 2016-2021
2. Agency Strategic Plan: Proposed Priorities and Goals, 2022-2026
3. [Agency Performance Management Quality Improvement Plan](#), 2018-2022
4. [FDOH-Polk Community Health Assessment](#), 2020 (2022 Data Updates)
5. [FDOH-Polk Community Health Improvement Plan](#), 2021-2025
6. FDOH-Polk Emergency Operations Plan (through 2022)
7. FDOH-Polk Quality Improvement Plan, 2022-2027
8. FDOH-Polk Strategic Plan, 2019-2022
9. FDOH-Polk Workforce Development Plan, 2022-2027
10. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
11. [Florida Department of Health Long Range Program Plan](#), 2019-2023
12. [Florida Department of Health Workforce Development Plan](#), 2019-2022
13. [Florida State Health Improvement Plan](#), 2022-2026
14. US Census Bureau, American Community Survey (ACS)



Strategic Priorities Strategy Map

Healthy, Thriving Lives

Goal 1.1 Enhance health promotion and prevention activities.

OBJECTIVE	1.1.1	By 6/30/2023, at least 90% of WIC records selected for review of overweight and obese children 2-5 years old (BMI at or above 85th percentile) will include a goal documented in the FL-WiSE computer system associated with the 5-2-1-0 campaign or other goal related to improvement of their weight status (2022 baseline: 91%).
OBJECTIVE	1.1.2	By 12/31/2027, increase the rate of WIC clients that are partially or fully breastfed for at least 26 weeks from 44.30% (Q3 2022 baseline) to 45%.
OBJECTIVE	1.1.3	By 12/31/2023, maintain at least 85% of teen local DOH family planning clients who adopt an effective or higher method of birth control (Q4 2022 baseline: 86.8%).
OBJECTIVE	1.1.4	By 12/31/2023, ensure that a minimum of 40% of female FDOH-Polk clients ages 50-69 years have received a screening mammogram within 1 year (Q4 2022 baseline: 29%).
OBJECTIVE	1.1.5	By 12/31/2023, increase the percent of DOH-Polk clients who have completed the full series of the Human Papilloma Virus (HPV) vaccine by age 17 from 18% (1/13/2023 baseline) to 20%.
OBJECTIVE	1.1.6	By 12/31/2023, increase mandatory 2-year-old vaccination rates from 62% (Q4 2022 baseline) to 85%.
OBJECTIVE	1.1.7	By 5/31/2023, provide complete 5-2-1-0 curriculum to at least 1 3rd grade classroom at 3 Polk elementary schools (SY 2021-2022 baseline: complete curriculum taught in at least 1 3rd grade classroom at 3 schools).

Health Care Resiliency

Goal 2.1 Improve public health in rural, minority and underserved communities

OBJECTIVE	2.1.1	By 12/31/2027, provide introductory Health Equity training to 85% of new DOH-Polk staff as part of the agency onboarding process (Q4 2022 baseline: 100%).
OBJECTIVE	2.1.2	By 12/31/2023, complete a PACE-EH project that addresses food access issues within an underserved neighborhood (2022 baseline: project initiated).
OBJECTIVE	2.1.3	By 6/30/2023, ensure a minimum of 750 students enrolled in FDOH-Polk assigned Title I schools are seen by Dental Sealant Program staff to assess for dental sealant eligibility (SY 2021-22 baseline: 265 students).
OBJECTIVE	2.1.4	By 12/31/2023, conduct 75 influenza, COVID and/or other vaccination outreach events among high-risk populations (2022 baseline: 125 community outreach events).

Goal 2.2 Improve health outcomes among people living with HIV/AIDS

OBJECTIVE 2.2.1 By 12/31/2025, increase the HIV viral suppression rate to 91% (Q4 2022 baseline: 89.3%) for FDOH-Polk Ryan White patients who have had at least one medical visit with the last HIV viral load test results less than 200 copies/mL during the measurement year.

Emerging Health Threats

Goal 3.1 Reduce the transmission of communicable diseases

OBJECTIVE 3.1.1 By 12/31/2025, increase partner service credits to 25%, as measured by the Disease Intervention Index (Q4 2022 baseline: 16%).

Goal 3.2 Enhance response infrastructure

OBJECTIVE 3.2.1 By 12/31/2027, establish 3 new Open PODs in Polk (2022 baseline: 6 Open PODs).

OBJECTIVE 3.2.2 By 12/31/2023, further develop procedure for responding to epidemiological emergencies, including a roster of staff trained to assist with operating an Emergency Call Center and patient specimen collection (if necessary) and a training and exercise schedule to assess capabilities (2022 baseline: procedure with no staff roster or training/exercise schedule).

Goal 3.3 Increase and enhance partnerships with preparedness and response entities

OBJECTIVE 3.3.1 By 12/31/2023, partner with Polk County Sheriff's Office (PCSO) to develop an active shooter/security plan at 100% of FDOH-Polk worksites (2022 baseline: 0% of worksites with plan).

Communication and Partnerships

Goal 4.1 Enhance interagency and community collaboration.

OBJECTIVE 4.1.1 By 12/31/2027, participate in at least 5 community outreach events to increase knowledge of WIC services and eligibility (2022 baseline: 3 community outreach events).

OBJECTIVE	4.1.2	By 12/31/2023, re-establish quarterly meetings of the Rape Crisis Community Team with community partners (2022 baseline: 0 meetings).
OBJECTIVE	4.1.3	By 12/31/2023, ensure at least 95% of the monthly milestones within the agency's Communications Plan are met for the previous twelve-month period (2022 baseline: 100% met).
OBJECTIVE	4.1.4	Each year, ensure 95% of the agency's external website pages are reviewed and updated within a twelve-month period (Q4 2022 baseline: 98%).

Capacity Building

Goal 5.1 Cultivate and retain a diverse, skilled and engaged workforce

OBJECTIVE	5.1.1	For 2023, ensure a minimum of 80% for the 12-month rolling employee retention rate for CS and SES new hires (Q4 2022 baseline: 78.2%).
OBJECTIVE	5.1.2	Conduct 3 Supervisor trainings annually (2022 baseline: 0 trainings)

Goal 5.2 Promote a culture of performance management and quality improvement

OBJECTIVE	5.2.1	By 12/31/2023, develop a new performance management dashboard (2022 baseline: 2019 dashboard).
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Goal 5.3 Improve data quality, access and visualization

OBJECTIVE	5.3.1	By 12/31/2023, reduce the number of duplicate HMS client records to under 100 (1/3/2023 baseline: 925 duplicates).
OBJECTIVE	5.3.2	By 12/31/2023, maintain the number of HMS client records with allergies not recorded within the past 6 months to under 50 (Nov 2022 baseline: 19).
OBJECTIVE	5.3.3	By 12/31/2023, maintain the number of HMS client records with labs not marked as reviewed within last 180 days to under 400 (Nov 2022 baseline: 195).

Goal 5.4 Leverage current and emergent technologies to enhance core department functions

OBJECTIVE	5.4.1	By 12/31/2023, replace and/or add Aruba controllers at 100% of DOH-Polk worksites (2022 baseline: 0% of worksites replaced/added)
OBJECTIVE	5.4.2	By 12/31/2024, install/upgrade cellular repeaters at 100% of DOH-Polk worksites (2022 baseline: 0% of worksites installed/upgraded)

Regulatory Efficiency

Goal 6.1 Establish a regulatory structure that supports the State’s strategic priorities

OBJECTIVE 6.1.1 For 2023, initiate Environmental Health program complaint investigations within 2 business days for 90% of complaints received and entered into the Environmental Health Database (Q4 2022 baseline: 80%)

OBJECTIVE 6.1.2 By 12/31/2023, enter at least 72 out of 293 boxes of OSTDS/septic records into the Septic Permits Archived database (2022 baseline: 1 box entered).

Goal 6.2 Ensure CHD is functioning within its annual operating budget

OBJECTIVE 6.2.1 By June 30th of each year, maintain DOH-Polk cash balance between 3-10% (Q4 2022 baseline: 26.94%).
